

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10/008700 FILING DATE \_\_\_\_\_  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1							51								
2							52								
3							53								
4							54								
5							55								
6	1						56								
7		1					57								
8		1					58								
9		1					59								
10		1					60								
11		1					61								
12		1					62								
13		1					63								
14		1					64								
15	1						65								
16		1					66								
17		1					67								
18		1					68								
19		1					69								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND	2						TOTAL IND								
TOTAL DEP	17						TOTAL DEP								
TOTAL CLAIMS	19						TOTAL CLAIMS								

BEST AVAILABLE COPY